

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	11					
6	10					
7	9					
8	8					
9	8					
10	8					
11	8					
12	8					
13	9					
14	9					
15	2					
16	2					
17	2					
18	1					
19	1					
20	1					
21	1					
22	1					
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49						
50						
TOTAL IND.	6		↓		↓	↓
TOTAL DEP.	22	←	←	←	←	←
TOTAL CLAIMS	28					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						